I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA, 22313-1450 on May 19, 2004 (Typed or Printed Name of Person Mailing Paper or Fee) (Signature of Person Mailing Paper or Fee)

> PATENT APPLICATION Attorney Docket No. SUN-P3900

IN THE UNITED STATES PATENT A	ND TRADEMARK OFFICE
IN RE PATENT APPLICATION OF)) Franks O'Pita Para I
Shailender Chaudhry Serial No. 09/761,217 Filing Date: January 16, 2001 Title: FACILITATING VALUE PREDICTION TO SUPPORT SPECULATIVE PROGRAM EXECUTION) Examiner: O'Brien, Barry J.) Group Art Unit: 2183) RECEIVED) MAY 2 5 2004) Technology Center 2100
AMENDMENT TRANS Mail Stop: AF Assistant Commissioner for Patents P.O. Box 1450	MITTAL LETTER
Alexandria, VA 22313-1450 Sir: In connection with the above-referenced U. S. p	patent application, transmitted herewith
are the following papers:	
[x] Response under 37 C.F.R. § 1.111 to o	fficial action mailed April 2, 2004.
[] A petition for extension of time is also	enclosed with a fee of \$55.00 for a one-

No additional claims fees are required.

[] 2 certificates under 37 C.F.R. § 3.73(b).

month extension for a small entity.

[]

[]

[x]

Terminal disclaimer under 37 C.F. R. § 1.321(c), including

Information disclosure statement, form 1449 and ___ references.

[] check for \$110.00 fee under 37 C.F.R. § 1.20(d), and

[] An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS						
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE	
Total Claims		MINUS = 20	0	x \$18 =		
Independent Claims		MINUS = 3	0	x \$78 =		
If Amendment adds multiple dependent claims, add \$260.00						
Total Amendment Fee						
If small entity status is claimed, subtract 50% of Total Amendment Fee TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00	

[] A check in the amount of \$_	is enclosed.
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- [] Charge \$__ to Deposit Account No. ___ (Docket No. ___).
- [x] Please deduct any <u>underpayments</u>, credit any <u>overpayments</u>, and charge all required <u>extension of time fees</u> to Deposit Account Number 50-1003. (Docket No. SUN-P3900).

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Respectfully submitted,

Ву

Edward J. Grundler Registration No. 47,615

Date: May 19, 2004